

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-028373

STATE FILE NUMBER

Registration District No. 149

Primary Registration District No. 1002 Registrar's No. 3929

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

FILED AUG 6 1963

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)

KANSAS CITY

Length of stay in 1b

83 YEARS

c. FULL NAME OF (If NOT in hospital, give location)

RESEARCH HOSPITAL

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

JACKSON

c. CITY

KANSAS CITY

Inside Limits

Yes ☒ No ☐

d. STREET

1111 WEST 41<sup>ST</sup> STREET

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

MAUDE

First

E. HARTFORD

Last

4. DATE OF DEATH

JULY 11 1963

Month

Day

Year

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

8/27/1877

9. AGE (last birthday)

85

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

AT HOME

10b. KIND OF BUSINESS OR INDUSTRY

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11. BIRTHPLACE (City and state or country)

CLARINDA IOWA

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

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13b. MOTHER'S MAIDEN NAME

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14. NAME OF HUSBAND OR WIFE

WILLIAM J. HARTFORD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

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17. INFORMANT

MRS. HELEN HUGHES 4131 ROANORE ROAD KANSAS CITY MO

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Pancreatitis

INTERVAL BETWEEN ONSET AND DEATH

27 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Coronary Arteriosclerosis Heart Disease

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐

SUICIDE ☐

HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 12-29-55 to 7-11-63 and last saw her alive on 7-11-63. Death occurred at 1:12 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Martin J. Mueller MD

22b. ADDRESS

6400 Prospect

22c. DATE SIGNED

7-11-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

JULY 13, 1963

23c. NAME OF CEMETERY OR CREMATORY

MT. MORIAH CEMETERY

23d. LOCATION (City, town, or county)

KANSAS CITY MISSOURI

24. FUNERAL DIRECTOR

D.W. NEWCOMER'S SONS KANSAS CITY MO.

ADDRESS

1331 BRUSH CREEK

25. DATE RECD. BY LOCAL REG.

7-12-63

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

Mr. Mortimer J. Mueller  
Death # 516 - Research Medical Office Bldg - 6400 Prospect Ave  
11:00 - 4:30

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Erling M. Svingen*

Licensed Embalmer No. 3886

P. O. Address

*Kansas City Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.